

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/03/2012	
NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 707 S JACKSON PARK DR SEYMOUR, IN47274			
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F0000	<p>This visit was for the Investigation of Complaint IN00100658.</p> <p>This visit was in conjunction with the Post Survey Revisit [PSR] to the Investigation of Complaint IN00099853 completed on November 18, 2011.</p> <p>Complaint IN00100658 - Substantiated Federal/State Deficiencies related to the allegations are cited at F156, F323, and F279.</p> <p>Survey Dates: December 29 and 30, 2011 and January 3, 2012</p> <p>Facility number: 000272 Provider number: 155377 AIM number: 100274710</p> <p>Survey team: Janie Faulkner, RN-TC Gloria Reisert, MSW (December 29 and 30, 2011) Cheryl Fielden, RN (January 3, 2012) Diana Sidell, RN (January 3, 2012)</p> <p>Census bed type: SNF/NF 73 Total 73</p>			F0000	<p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION IN GENERAL, OR THIS CORRECTIVE ACTION IN PARTICULAR, DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THIS STATEMENT OF DEFICIENCIES.</p> <p>The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility is requesting a DESK REVIEW of compliance for this plan of correction.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Census Payor type:</p> <table> <tr> <td>Medicare</td> <td>1</td> </tr> <tr> <td>Medicaid</td> <td>67</td> </tr> <tr> <td>Other</td> <td>5</td> </tr> <tr> <td>Total</td> <td>73</td> </tr> </table> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/10/12 Cathy Emswiller RN</p>			Medicare	1	Medicaid	67	Other	5	Total	73				
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F0156 SS=E	<p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>						

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p>						

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	<p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to inform residents of the changes in the facility September and November, 2011 Smoking Policy. This affected 5 of 6 residents that smoked in the sample of 10. (Resident #K, #L, #M, #G, and #P)</p> <p>Findings include:</p> <p>During an interview with the ADON on 12/29/11 at 10:45 A.M., she stated, "We have smoke aides 16 hours a day from 6 AM to 10 PM." "The Waters had a policy on everyone being supervised, but we didn't know it." "When American Senior Living took over they strictly enforced the supervised smoking." "We've had our biggest problem with those who were independent with smoking and kept their items on them, but now they have to turn them in after they finish smoking." "We have a big old treatment cart we use for the smoking materials and it is locked."</p>			F0156	<p>F-156 Notice of Rights, Rules, Services, Charges It is the practice of this provider to ensure all residents are made aware of any policy changes with the required notification of all residents prior to implementation.</p> <p>A. ACTIONS TAKEN: 1. All residents in center have received written communication verifying current smoking policy in writing by 1/20/12. B. OTHERS IDENTIFIED: 1. All new policies will be reviewed by Executive Director prior to implementation to ensure residents receive proper notice prior to implementation. C. MEASURES TAKEN: 1. Admission packets have the current smoking policy. 2. All residents currently residing at Seymour Crossing have received communication of smoking policy that took effect in September and November of 2011 by 1/20/12. 3. Social services consultant or designee to provide in-service regarding policy change process and expectations with post test</p>		01/24/2012

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	<p>"We have 2 groups for smoking- so the residents can smoke 8 times a day-every other hour." "The supervised people usually get 2-3 at a time to smoke during their hour and the unsupervised people can smoke as many as they want in that time period." "There is always a smoke aide outside with the residents even if there is no one that needs supervision." "If the resident's own family come in - they can get the smoking materials & sit with that particular resident to smoke."</p> <p>On 12/30/2011 at 9:15 AM, in an interview with the Administrator he stated, "We told the residents at the Resident Council about the changes in smoking policy, then we issued the policy effective 11/21/2011 and tweaked it a little more."</p> <p>During an interview with the Administrator on 12/30/2011 at 10:00 AM, he stated, "We told the smokers at the Resident Council Meeting on September 19,2011 and the new policy was supposed to go into effect 10/29/2011, but in the course of things and safety issues we never put it into full effect until later." "We also tweaked the smoking policy again to include the safety issues- did not give a 30 day notice this one, but did with the change to the first policy." "Did not think I needed to."</p>				<p>with the IDT team by 1/24/12. 4. The executive director will notify residents of changes in policy prior to the effective date of changes. D. HOW MONITORED: 1. All future policy changes will be communicated orally in advance through Resident Council. Also written communication will occur in advance to residents and or responsible party. 2. The CQI tool for Policy Change Notification will be utilized by the Executive Director or Designee weekly x4, monthly x3 and quarterly for at least 2 quarters thereafter. 3. Findings from the CQI process will be reviewed monthly and an action plan will be implemented if a threshold of at least 100% is not met. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 1/24/12.</p>		

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	<p>"Only gave notice of changes to both policies to smokers- not everyone." "Was I supposed to?" "The smokers signed the first policy and got a copy of it, but not the newer policy we changed due to safety issues."</p> <p>During an interview with the Administrator on 12/30/11 at 10:40 AM, he stated "Every single smoker signed the new policy 11/21 and also the old one prior." "The first one is in their thinned files." "American Senior Living took over Oct 17, 2011." "We slowly transitioned the new company policies in." "We used the Waters of Seymour's smoking policy until we got the new one implemented 11/21/11."</p> <p>During an interview with the Social Services Director on 12/30/2011 at 10:45 AM she indicated, "Every smoker signed the new smoking policy on 11/21, which was when it went into effect." "Did not give 30 day notice nor did it go out to all residents-just the smokers."</p> <p>During interview at 11:50 AM, 12/30/11, the Social Service Director stated, "If unsupervised, they can go smoke anytime, if they also have an MD order to smoke." "They can go off campus to edge of property, etc. in middle of night even." "They can smoke from 6A to 10P."</p>						

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	<p>1. Review of Resident #K's record on 12/30/11 at 11:20 AM, indicated the 11/5/11 Smoking Assessment documented the resident was an unsupervised smoker.- not signed by staff or resident" "As of 11/21,2011 resident was changed to a supervised smoker- no update to his assessment, and no care plan written for now being a supervised smoker."</p> <p>"On 12/30/11 at 11:50 AM,during an interview with the Social Services Director she stated, "I consider him to be alert, oriented, and capable of making own decisions-they are not always safe decisions, i.e.. smoking, but does make own decisions." "He just won't abide by no smoking during meal times- it blows in on those in the dining room at the time."</p> <p>2. Record review for Resident #L on 12/29/2011 at 2:30 P.M., indicated the "Smoking Safety Assessment completed on 11/28/11, indicated resident is dependent and will have an employee assigned to monitor resident when he smokes." Residents diagnoses when admitted 5/13/2011, included but not limited to Insulin dependent diabetes mellitus, hypertension, pain, depression, diastolic heart failure, anemia, and anxiety, no BIMS[used to determine cognitive status of each resident 0-15 with</p>						

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	<p>15 cognitively intact, 5-10 moderately impaired cognition, and 0-5 severely impaired cognition] score was available for this resident, and there was no documentation to indicate this resident would be an unsafe smoker. On 12/29/2011 at 3:00 P.M., during interview with the resident he stated, "it's December 29, 2011 about 3:00 in the afternoon, at Seymour Crossing I think, used to be Waters when I first came." "I'm diabetic, on insulin, have heart trouble, and pain with decreased feeling in my feet and legs." "I enjoy smoking and like to smoke when I want to." "The Administrator, John, kept changing the policy, but he didn't tell us all, maybe one or two and they'd tell the rest of us." "That made all of us mad, because some of us could go smoke unsupervised and they changed it without talking to us about it."</p> <p>3. On 12/30/2011 at 11:15 A.M., the record review for Resident # M, indicated the resident was admitted with, but not limited to the following diagnoses: Chronic Obstructive Pulmonary Disease, sleep apnea, pulmonary collapse, respiratory failure, congestive heart failure, and end stage renal disease. The resident was a smoker, but there was no smoking assessment located in the chart, and the resident had a BIMs score of 15[cognitively intact]. "A new order on</p>						

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	<p>12/28/11 at 7:30 P.M., to release the resident to home on 1/1/2012 with home health skilled nursing, home wound care, electric hospital bed, walker, Bi-Pap [Bi-Level Positive Air Pressure Machine], suction equipment, nebulizer and supplies, oxygen, four wheel walker with seat and handbrakes."</p> <p>On 12/30/2011 at 11:45 A.M., went to resident's room to interview, his roommate was in the room and stated the resident was gone out to dialysis and wouldn't be back until evening. The roommate stated that his roommate was going home on New Year's Day, so that he can smoke when he wants to, he says it's the only enjoyment he has."</p> <p>4. Review of Resident #G's record on 12/29/11 at 3:05 P.M., indicated the resident was admitted with, but not limited to the following diagnoses: hemiplegia, acute respiratory failure, diabetes mellitus, chronic kidney disease, and anxiety. "The resident still smokes occasionally, his smoking assessment was Blank," "no voicing of inappropriate behaviors toward him from the staff".</p> <p>On 12/29/11 at 3:30 P.M. during interview with Resident G, resident G stated, "I have no problems with staff- they are not as fast as I would like sometimes, but they take good care of me.</p>						

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	<p>I have no concerns, I do what I want, when I feel like doing it."</p> <p>During Interview with Employee #1/CNA and Employee #2/CNA at 11:30 A.M. on 12/30/11, they indicated the resident still smokes on occasion- not to often though.</p> <p>5. During the record review of Resident #P on 12/30/2011 at 2:15 P.M., indicated "the resident was changed to supervised smoking on 12/27/2011 at 2:15 P.M. due to few moments earlier resident had cigarettes and a lighter in front lobby attempting to light his cigarettes." "Social services explains and educates resident on safety and smoking policy." There was no BIMs score for this resident. The resident was admitted with diagnoses that included, but not limited to Schizophrenia with paranoid type behaviors, Alcoholic encephalopathy, chronic alcoholism, dementia with severe disturbances.</p> <p>This Federal tag relates to Complaint IN00100658.</p> <p>3.1-4(a)</p>						

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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review, the facility failed to ensure residents who smoked had comprehensive care plans related to smoking. This affected 2 of 6 residents who smoked in a sample of 10. (Residents #L and M)</p> <p>Findings included:</p> <p>1. During a record review for Resident #L on 12/29/2011 at 2:30 P.M., a "Smoking Safety Assessment" completed on 11/28/11, indicated Resident #L is "dependent and will have an employee assigned to monitor the resident when he smokes." Residents diagnoses when admitted 5/13/2011, included but not</p>			F0279	<p>F-279 DEVELOP COMPREHENSIVE CARE PLANS</p> <p>It is the practice of this provider to ensure comprehensive care plans are completed for residents that smoke.</p> <p>A. ACTIONS TAKEN:</p> <p>1. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12.</p>		01/20/2012

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	<p>limited to Insulin dependent diabetes mellitus, hypertension, pain, depression, diastolic heart failure, anemia, and anxiety. There was no BIMS (Brief interview for mental status) [used to determine cognitive status of each resident] 0-15 with 15 cognitively intact, 5-10 moderately impaired cognition, and 0-5 severely impaired cognition] score was available for this resident, and there was no documentation to indicate this resident would be an unsafe smoker.</p> <p>The record failed to indicate a care plan for Resident #L that addressed his smoking.</p> <p>2. On 12/30/2011 at 11:15 A.M., during the record review for Resident # M, indicated the resident was admitted with, but not limited to the following diagnoses: Chronic Obstructive Pulmonary Disease, sleep apnea, pulmonary collapse, respiratory failure, congestive heart failure, and end stage renal disease. The resident was a smoker, but there was no smoking assessment located in the chart, and the resident had a BIMS score of 15 [cognitively intact].</p> <p>The record failed to indicate a care plan for Resident #M that addressed his smoking.</p>				<p>2. Updates to assessments and care plans were made as indicated.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. All residents who smoke have the potential to be affected.</p> <p>2. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12.</p> <p>3. New admissions to center will be reviewed by IDT team to ensure accuracy / completion of smoking assessment and care plans related to smoking as indicated.</p> <p>C. MEASURES TAKEN:</p> <p>1. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12.</p> <p>2. New admissions to center will be reviewed by IDT team to ensure accuracy / completion of smoking assessment and care plans related to</p>		

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F0323 SS=E	<p>This Federal tag relates to Complaint IN00100658.</p> <p>3.1-35(b)(1)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>A. Based on interview and observation, the facility failed to safely store toxic chemicals behind locked doors, in that 1 cognitively impaired resident was</p>	F0323	<p>smoking as indicated.</p> <p>D. HOW MONITORED:</p> <p>1. The CQI tool for care plan review and the CQI tool for smoking policy will be utilized by ADNS or Designee weekly x4, monthly x3 and quarterly for at least 2 quarters thereafter.</p> <p>2. Findings from the CQI process will be reviewed monthly and an action plan will be implemented if a threshold of at least 90% is not met.</p> <p>D. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is:</p> <p>1/20/12.</p> <p>F-323 FREE OF ACCIDENT HAZARDS/ SUPEVISION/ DEVICES It is the practice of this provider to ensure that toxic chemicals are safely stored</p>	01/20/2012	

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	<p>observed in an unlocked room that contained hazardous chemicals. This affected 1 of 10 residents identified as cognitively impaired on the C Wing. (Resident # P)</p> <p>B. Based on record review and interview, the facility failed to ensure residents had smoking assessments completed after residents were changed from independent smoking to supervised smoking. This affected 5 of 6 residents reviewed for smoking in a sample of 10. (Residents #K, L, M, G, and P)</p> <p>Findings include:</p> <p>A. During observation on 12/30/11 at 12:15 P.M., a sign was posted on an opened door, "Leave door open Please". The unlocked room contained an ice machine and unlocked cabinets that contained a varied supply of toiletries and personal care items and included the following:</p> <p>- Two 8.5 ounce bottles of Medi-Pak Performance cucumber melon conditioning shampoo & body wash-(full bottles) that included the cautionary statement: "for external use only-avoid contact with eyes". A Material Safety Data Sheet was provided by the Administrator on 12/30/2011 at 12:30</p>				<p>behind locked doors and that residents who smoke have appropriate smoking assessments. A. ACTIONS TAKEN: 1. Toxic Chemicals immediately removed from storage room and moved to another area secured behind locked doors on 12/30/11. 2. A 100% audit of facility storage closets completed to ensure that toxic chemicals are safely stored behind locked doors on 12/30/11. 3. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12. 4. Updates to assessments and care plans were made as indicated. B. OTHERS IDENTIFIED: 1. All cognitively impaired residents have the potential to be affected and all residents that smoke have the potential to be affected. 2. A 100% audit of facility storage closets completed to ensure that toxic chemicals are safely stored behind locked doors on 12/30/11. 3. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12. 4. New admissions to center will be reviewed by IDT team to ensure accuracy / completion of smoking assessment and care plans related to smoking as indicated. C. MEASURES TAKEN: 1. All</p>		

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	<p>P.M. and included, but was not limited to: "May be harmful if swallowed-GI disturbances. Burning, redness to eyes."</p> <p>- One 8.5 ounce bottle(full) Medi-pak Performance plus baby lotion with a cautionary statement: "For external use only-avoid contact with eyes". The Material Safety Data Sheet indicated: "May be harmful if swallowed. Eyes: possible watering, burning, redness."</p> <p>- One 16 ounce(Full) Med Spa Baby Shampoo & Body Wash the bottle contained a cautionary statement: "For external use only".</p> <p>-Five 1.5 ounce full bottles Med Spa roll-on antiperspirant with a cautionary statement on the bottle: "For external use only", "Keep out of reach of children". A Material Safety Data Sheet indicated: "Contact your regional poison control center--ingestion drink a glass of milk or water and seek medical attention".</p> <p>-One 1.75 ounce tube of Secure Protective Cream with a cautionary statement on the bottle: "For external Use only, avoid contact with eyes".</p> <p>-Two 3 ounce (Full) bottles of Afta Shave by Mennen-After shave Skin Conditioner with a cautionary statement on the bottle:</p>				<p>staff educated on importance of securing hazardous chemicals in a locked area on 12/30/11-1/10/12 by ADNS and or designee. 2. A 100% audit of facility storage closets completed to ensure that toxic chemicals are safely stored behind locked doors on 12/30/11 3. All areas where chemicals are stored assessed to ensure that locks are operational 12/30/11. 4. IDT members will conduct daily rounds to ensure that hazardous materials are not available to cognitively impaired residents using daily rounding tool, the weekend manager will complete rounds for Saturday and Sunday. 5. A 100% audit to ensure accuracy and completion of smoking assessments and care plans related to smoking was completed for residents who smoke on 1/20/12. 6. New admissions to center will be reviewed by IDT team to ensure accuracy / completion of smoking assessment and care plans related to smoking as indicated. 7. Any resident who smokes and experiences a significant change in condition the IDT team will review and update smoking assessments and care plan as necessary. 8. The IDT will ensure that assessment and care plans for smoking are up to date and accurate as resident needs change. D. HOW MONITORED: 1. The CQI tool for environmental safety – nursing, the CQI tool for care plan</p>		

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	<p>"Avoid contact with eyes-External use only." "If ingested in large quantities may cause nausea, vomiting, diarrhea, and CNS depression." "Inhalation overexposure may cause respiratory tract irritation". " Eye contact Flush eyes with large amounts of water for 15 minutes." "Ingestion: Drink 1-2 glasses of clear liquid . Get medical attention."</p> <p>-Two 2 ounce containers of Speed Stick Deodorant with cautionary statements on the container: "do not use on broken skin" "Ingestion: Drink 1-2 glasses of a clear liquid. Get medical attention." "Flush eyes with large amounts of water for 15 minutes".</p> <p>-One 90 tablet box of Top Value Denture Cleanser Tabs (89 in box) with cautionary statements: "Keep this product out of the reach of children". "This product contains Persulfates, which are a known allergen".</p> <p>-One 4 ounce (Full) bottle Epi-Clenz-Instant Hand Antiseptic with a cautionary statement: "If swallowed get medical help or call Poison Control Center".</p> <p>-Four 4 ounce (Full) bottles of April Fresh "Be Fresh Mouth Rinse - Mint Flavor" with cautionary statements on the bottles: "Keep out of the reach of children".</p>				<p>review and the CQI tool for smoking policy will be utilized by the ADNS or Designee weekly x4, monthly x3 and quarterly for at least 2 quarters thereafter. 2. Findings from the CQI process will be reviewed monthly and an action plan will be implemented if a threshold of at least 90% is not met. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 1/20/12.</p>		

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	<p>-Two Bic Twin Select Sensitive Skin Razors.</p> <p>During an interview on 12/30/2011 at 12:15 P.M. CNA# 3 indicated that she gets toiletries when she needs them right around the corner across from the nurses station and she went right to the open door with the ice machine and opened the unlocked cabinets to display items available for resident care.</p> <p>During an interview with the Administrator on 12/30/2011 at 12:30 P.M., he stated, "These things should not be in there. They must have put some extras in here when they opened a box."</p> <p>Review of record for Resident # P on 12/30/2011 at 12:45 P.M., indicated resident was cognitively impaired, admitted with diagnoses that included but were not limited to Schizophrenia with paranoid type behaviors, Hx Alcoholic encephalopathy, chronic alcoholism, gastroenteritis, dementia with severe disturbance and mood behaviors.</p> <p>B. 1. Review of Resident #K's record on 12/30/11 at 11:20 AM, indicated a Smoking Assessment completed on 11/15/2011 that indicated he was an unsupervised smoker and was not signed</p>						

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	<p>by staff or resident. As of 11/21/2011 Resident #K was changed to a supervised smoker and had no update to his smoking assessment.</p> <p>B. 2. During a record review for Resident #L on 12/29/2011 at 2:30 P.M., a "Smoking Safety Assessment" completed on 11/28/11, indicated Resident #L is "dependent and will have an employee assigned to monitor the resident when he smokes." Residents diagnoses when admitted 5/13/2011, included but not limited to Insulin dependent diabetes mellitus, hypertension, pain, depression, diastolic heart failure, anemia, and anxiety. There was no BIMS (Brief interview for mental status) [used to determine cognitive status of each resident 0-15 with 15 cognitively intact, 5-10 moderately impaired cognition, and 0-5 severely impaired cognition] score was available for this resident, and there was no documentation to indicate this resident would be an unsafe smoker.</p> <p>B. 3. On 12/30/2011 at 11:15 A.M., during the record review for Resident # M, indicated the resident was admitted with, but not limited to the following diagnoses: Chronic Obstructive Pulmonary Disease, sleep apnea, pulmonary collapse, respiratory failure, congestive heart failure, and end stage</p>						

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	<p>renal disease. The resident was a smoker, but there was no smoking assessment located in the chart, and the resident had a BIMs score of 15 [cognitively intact].</p> <p>B. 4. Review of Resident #G's record on 12/29/11 at 3:05 P.M., indicates the resident was admitted with, but not limited to the following diagnoses: hemiplegia, acute respiratory failure, diabetes mellitus, chronic kidney disease, and anxiety. Resident #G's smoking assessment was blank.</p> <p>On 12/29/11 at 3:30 P.M. interview with Resident G, stated, "no problems with staff- not as fast as I would like sometimes, but take good care of me. No concerns, I do what I want, when I feel like doing it."</p> <p>Interview with Employee #1/CNA and Employee #2/CNA at 11:30 A.M. on 12/30/11, indicated resident still smokes on occasion- not to often though."</p> <p>B. 5. During the record review of Resident #P on 12/30/2011 at 2:15 P.M., a Social Service Note dated 12/27/2011 at 2:15 P.M., indicated "the resident was changed to supervised smoking due to few moments earlier resident had cigarettes and a lighter in front lobby attempting to light his cigarettes. SS</p>						

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	<p>(social services) explains and educates resident on safety and smoking policy." There was no smoking assessment completed at this time. There was no BIMs score for this resident. The resident was admitted with diagnoses that included, but not limited to Schizophrenia with paranoid type behaviors, Alcoholic encephalopathy, chronic alcoholism, dementia with severe disturbances.</p> <p>This Federal tag relates to Complaint IN00100658.</p> <p>3.1-19(c)</p>						